Developing a Center for Comparative Effectiveness Information

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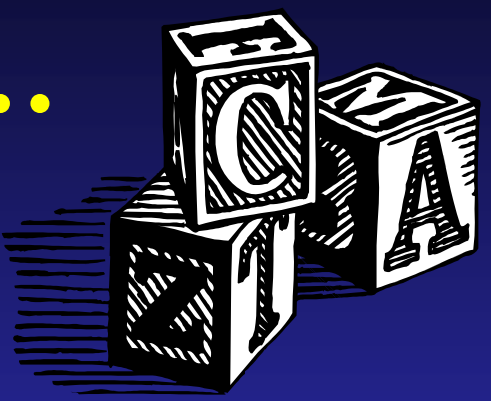
Comparative Effectiveness Information
A Basic Building Block…

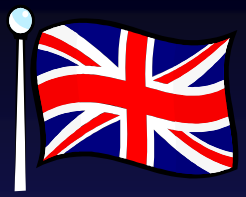


Information on…

"What works when, for whom, provided by…"

also…

Recognition that "technology" is rarely
always effective or ***never*** effective



Other Countries…

- Mostly centralized process of CCE and economic assessments; literature review focus
- Agencies are usually part of government

  Not surprising – use centralized payer systems

but…

- ***Differ*** on mandatory nature of recommendations
- ***Differ*** on transparency of process

U.S. Needs Something Different

"Center for Comparative Clinical Effectiveness"

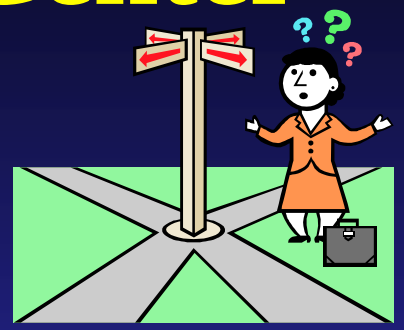
- Elemental building block to "spending smarter"
- Focus on ***conditions*** rather than
  i***nterventions/therapeutics***;
  procedures, not just Rx and devices
- Invest in what is not yet known

Dynamic Process…

Center Would Include Data from a Variety of Sources

- "Gold Standard" - - double-blinded RCT
- "Real World" RCT (Sean Tunis)
- Epidemiological studies
- Medical record analyses
- Administrative data

Different Views on Placing the Center



- In HHS?
  Separate agency; FFRDC, AHRQ
- Free standing agency in Exec. Branch
  like FTC, FRB
- Quasi-Gov't
  IOM/NRC

"Close to Gov't…But not too close"

Advantages/Disadvantages +/-

Trade-offs with all placements

- If use ***existing*** bureaucracy, don't need to create new one
- ***Vulnerability*** of existing institutions to political pressures
- ***Credibility*** – stronger inside or outside gov't?
- ***Accountability*** – harder the further from gov't

Governance Issues are also Important

- Governing body needs to reflect major stakeholders
  -- part of center or freestanding
- Appointments by Executive branch with confirmation by Senate?
- Specialized scientific advisory boards, created for specific issues
- Should include both intramural and extramural activities

Funding of Center

- ***Preferred*** Strategy:
  - direct appropriation
  - information is a "***Public Good***"

- ***Realistic*** Strategy:
  - direct appropriations
  - contribution from Medicare trust fund
  - Small "user fee" on all privately insured

What the Center is *NOT*

- ***Not*** providing a new coverage requirement used for practice decisions/***reimbursement***
- ***Not*** a decision-making center
- ***Not*** a cost-effectiveness center

C/E and C/B important, but…
should be dealt with separately